

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: TM Properties Inc  
BUSINESS STREET ADDRESS: 4252 SW 92 Ave Davie Fl ZIP 33328  
BUSINESS MAILING ADDRESS: Same ZIP \_\_\_\_\_  
BUSINESS PHONE: 954 347 16459  
DESCRIBE TYPE OF BUSINESS: Real Estate Sales  
BUSINESS IS: Corporation ☒ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_

Owner/Officer (s) Home Address City/Zip Phone#  
1. Terest Musuneci 4252 SW 92 Ave Davie Fl 33328 954 473 4581  
2. \_\_\_\_\_

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 05, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

Terest Musuneci Broker Terest Musuneci  
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>2/25/05</u> Category <u>15602</u> Fee Exempt per Sec. 13-13 _____		Fee <u>\$13370</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>05-21384</u>	Control # <u>16939</u>	Zoning <u>A-1</u>	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Jan</u>	Date <u>3/2/05</u>	
Town Council Date _____	Approved _____	Denied _____	
Tabled To _____	Approved _____	Denied _____	
<b>OCCUPATIONAL LICENSE DEPARTMENT APPROVAL</b> _____			

8/00

\*Phone  
+  
mail only

**OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION**

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